

## BOOK REVIEWS

### Troubled Children – Poems of Contemplation

By Joan Westaway and Mick Leary.

Alloa, Scotland: Diadem Books, 2014.

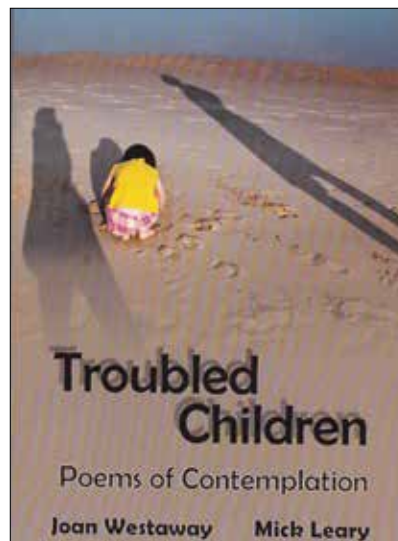
ISBN 978-1-291-95246-9

*'How many times have I stood  
with my ear to your shell  
listening for an echo ...'*

The American author Joan Didion once commented that she writes to discover what she thinks and feels. We all possess a creative capacity that can help us to expand our understanding of our inner and outer worlds. Insight into who we are and what drives us helps us to be more effective in all areas of our lives.

Medicine is particularly challenging, in that practitioners are up close and personal with the difficulties of mind, body and spirit. We are affected by our patients, even though we might try to detach by donning the white coat of technical expertise and scientific fact. Too often we tuck our feelings away to cope with a demanding job.

Joan Westaway is an experienced child psychiatrist who turned to the pen to explore her observations. Her poems often have the quality of a debriefing, as she



lets loose the frustrations, heartaches and pleasures of working with children and adolescents who are emotionally troubled or do not fit in with society's expectations of 'normal'.

*'In my mirror we are trapped;  
the attacker and the attacked,  
like two cobras interlocked and trading venom  
in a windowless prison –'*

Some poems are from the perspective of the patient, others from that of the therapist. Joan does not stay on the surface of the matter, but immerses herself and the reader in the world of the disturbed. Her poems are occasionally hard to understand, as she mirrors and is pulled by the emotions of her patients.

I thought this could be a weakness, but later saw it as a strength. The reader is confronted with confusion, not unlike that which the psychiatrist initially encounters when working with patients. Each poem is then contextualised by Joan's colleague Mick Leary, a paediatric neurologist.

Through her brave, thoughtful writing, Joan challenges us to be honest about our responses, to develop a critical attitude to ways in which medical practice falls short of the goal to heal, and to grow empathy with our patients.

*'See these sockets,  
they were my eyes;  
now they are dongas,  
the waterholes of flies –'*

**Dawn Garisch**

Author of *Eloquent Body* (Modjaji, 2012) and *Dance With Suitcase* (Tiber Tree Press, 2013), Cape Town, South Africa  
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### The Primary Health Care Approach and Restructuring of the MB ChB: A Case Study of the Faculty of Health Sciences, University of Cape Town

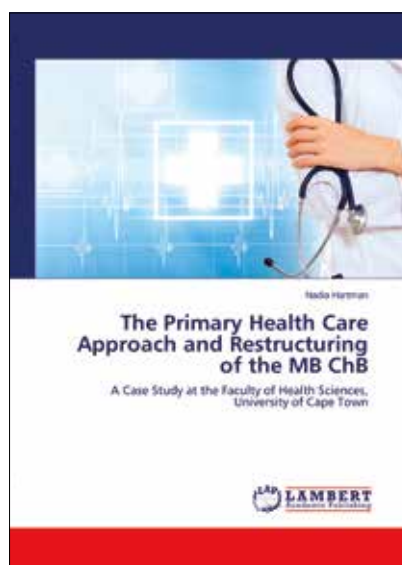
By Nadia Hartman. Lambert Academic

Publishing, 2014. ISBN: 978-3-8484-4941-5.

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In the late 1990s, the Faculty of Health Sciences (FHS) at the University of Cape Town caught the 'wave' of educational curriculum reform, responding to several imperatives. The context was post-1994 democratic South Africa (SA), and the government's efforts to establish a primary healthcare (PHC)-led national health system requiring (since health professionals would receive service-based training within such a system) congruent curriculum reform.

*The Primary Health Care Approach and Restructuring of the MB ChB* is the distillation of Dr Nadia Hartman's research into the extent to which alignment was achieved between the PHC philosophy, espousing a biopsychosocial approach to patients, and



the reformed MB ChB curriculum that was implemented in 2002. Dr Hartman is an educational scientist – my term for the colleagues usually termed educationists – and founding director of the Educational Development Unit in UCT's FHS, which

became the 'engine room' of educational reform as curriculum restructuring began. Given the strength of her case history, and the scientific method deployed, my term is apt and deserved.

At UCT's FHS, the dominant 'habitus' (Hartman's word) was the traditional biomedical (diagnose and treat) approach to illness, in the context of an increasing burden of disease, shrinking health and tertiary educational budgets and reliance on secondary and tertiary hospital-based service learning and 'apprenticeship' training. All conspired to bring about an imperfect, as yet unrealised, biopsychosocial habitus that is the ideal of the PHC holistic/comprehensive approach.

Dr Hartman's case study meticulously records the processes as they evolved towards realisation of a 'blueprint', developed in the opening phases of development of the reformed curriculum that was launched in 2002.

In the words, echoed by the Health Professions Council of South Africa, of an external report: 'it would appear that much of the excellent theoretical input and emphasis

on the biopsychosocial approach in a PHC context in the first 3 years [of the curriculum] is undermined by the traditional biomedical approach of the latter years.'

The penultimate chapter (chapter 6) is a rich summary of the processes, which took place over two years, that put 'flesh' on the 'bones' of the curriculum blueprint, and of the shifts in control of the educational strategies from heads of departments to within the Education Development Unit.

The successes are highlighted: the multi-disciplinary and multiprofessional faculty foundation courses that embed, and are strongly aligned with, the PHC approach; and the basic sciences courses (running over 2½ years), characterised by a (UCT-specific) hybrid of problem-based learning applied to commonly occurring illnesses that are representative of SA's disease burden, along with clinical skills training that begins in year 2 and continues through year 3.

So also are the failures, the basis of which is multifactorial but the consequences of which are clinical. Years 4 - 6, characterised by biomedical, silo-based disciplinary teaching and experiential learning in secondary and tertiary hospital settings, are unlikely to 'fit' a graduate for 'real-world' SA practice in (sometimes) unsupervised internships and community service – and encourage subspecialist rather than general practice/general specialty career choices after graduation.

In the words of one of the curriculum design team conveners: 'we [referring to UCT's FHS] started a curriculum change process to produce generalists and did not invest in strengthening our small Primary Care Department'. Equally sobering, all these years later, is to hear another state: 'there is ignorance around the Department of Health's policy document on health systems transformation (underpinned by

the PHC approach) and the HPCSA's 1997 Training Guidelines (that mandate the PHC educational approach) ... the MB ChB has never been subject to a major revision, so the tendency to specialise has been unchecked and it is a foreign concept that their practice could be guided by anyone other than themselves ... autonomous behavior that is (now) being challenged by the HPCSA Accreditation process'.

In the context, the Guest Editorial that opens this issue of SAMJ<sup>[1]</sup> deserves noting.

Hartman's book will interest those who are (medical) educationists, and those medical colleagues who choose medical education as a subspecialty interest.

**Janet Seggie**

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1. Benatar S. The humanistic side of medical education. *S Afr Med J* 2015;105(1):3. [<http://dx.doi.org/10.7196/SAMJ.9043>]

## The AIDS Conspiracy: Science Fights Back

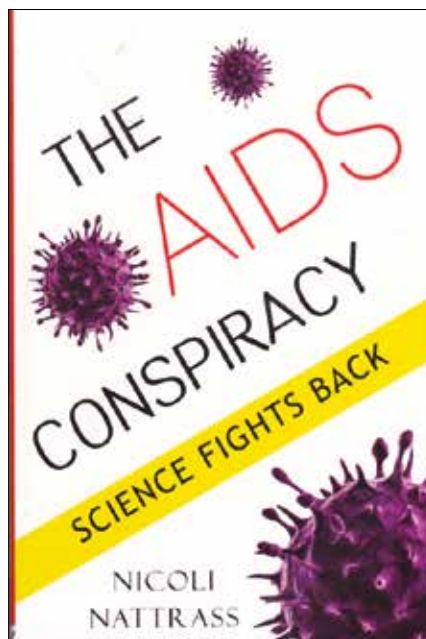
By Nicoli Natrass. Johannesburg:

Wits University Press, 2012.

ISBN 9781868145621

Prof. Nicoli Natrass is an economist who has contributed substantially to the understanding of health issues in South Africa (SA). In this important book she addresses the background factors that contributed to the dark AIDS denialism period in SA's healthcare history. Although the book deals primarily with the AIDS pandemic, many of the insights contribute to a better understanding of the way in which all conspiracy beliefs function.

Conspiracy beliefs included that the human immunodeficiency virus (HIV) may have been created in a laboratory, and that the pharmaceutical industry invented AIDS to sell more toxic drugs. Swallowing this belief from the denialists, President Mbeki



and the then Minister of Health delayed the provision of treatment, resulting in hundreds of thousands of deaths, increasing the spread of the virus, and marginalising our medical professionals and scientists.

Natrass identifies players who contribute to the development and maintenance of conspiracies: the hero scientists, dissidents who lend credibility to the movement; the cultpreneurs, alternative therapists who exploit this for their own benefit; the living icons, who claim to be living proof of the legitimacy of the denialism; and the praise singers, media people who broadcast the false messages to the public.

Science and evidence-based medicine have fought back by their evidence and political credibility. However, this is not a single battle. It requires ongoing vigilance.

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